	GENERAL	. EXPEI	NSE RI	EPORT	_				
Name (Individual that expense was incurred for or on behalf of)	Title				Phone Number			Date Prepared	
					EXPENSE	TO BE CHAP	RGED TO:		
Check Payable to:		Building/Room Num		ber	per Company		Center		
Name:		Check to b	oe:	Purpose 6	of Expenditu	ire:		1	
Employee #: (if applicable)		Mailed							
SSN:		Picked Up							
(non-employees only) Company:		1	k one)						
Address:		(Criec	K OHE)						
Date and Time Depar	ted				Date and Tim	e Returned	1		
2 330 3331 7332 25933									
		ATTACH A					T =	TALO	
DATE:	AT SUN	MON	TUES	WED	THUR	FRI	10	DTALS	
Employee Expenses:									
Taxi, Limo, Bus, Metro									
Parking/Tolls									
Telephone									
Registration/Tuition									
Abstract Fee									
Conference Lunch/Dinner									
Other:									
Non-Employee Expenses:									
Honorarium									
Allowable Per Diem									
Allowable Hotel									
Rail/Plane									
Taxi, Limo, Bus, Metro									
Car Rental									
Parking/Tolls									
Other:									
Personal Auto Mileage (# miles):									
From:									
То:									
To:									
Detailed Explanation/Justification.		OTAL MILES		_ @		/mile			
(For conference meals, list names of all attended purpose, subject of discussion, etc.)	es, company ami	nation,			TOTAL E	XPENSES:			
I HEREBY CERTIFY THAT ALL EXPENDITURES WERE INCUF	RED IN THE PERFORM	MANCE OF	1						
COMPANY BUSINESS				General Expense Prepared by:					
Employee/Requestor Signature: Date:				Extension:					
Department Manager/Director Approval (Fiscal Approval)				Accounting/Finance Approval					
Signature: Date:				Signature: Date:					
Print Name:				: <u> </u>					
MAY 2004									